



# NEVADA STATE CONTRACTORS BOARD

2310 Corporate Circle, Suite 200, Henderson Nevada, 89074 (702) 486-1100 Fax (702) 486-1190 Investigations (702) 486-1110  
9670 Gateway Drive, Suite 100, Reno, Nevada, 89521 (775) 688-1141 FAX (775) 688-1271, Investigations (775) 688-1150  
Website: [www.nscb.nv.gov](http://www.nscb.nv.gov)

## APPLICATION FOR CHANGE OF: CORPORATE OFFICER OF A CORPORATION OR MEMBER / MANAGER OF A LIMITED LIABILITY COMPANY

### General Instructions

1. Please type or print in ink when completing this form.
2. Make sure the application is properly signed by a corporate officer or managing member.
3. **Read all instructions carefully.** The Nevada State Contractor's Board (Board) desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. **A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of this application. Incomplete applications will be returned to you.**
4. Complete each section, and answer all questions on this form.
5. Attach a copy of your corporate minutes or LLC minutes showing the election of each new officer, member or manager.
6. **This form cannot be used to change the qualified person.** If there has been a disassociation of the qualified person, you must notify the board in writing, within 10 days (including the date of disassociation), and file the necessary change application. (The required application form is available on our web site: [www.nscb.nv.gov](http://www.nscb.nv.gov), or from an office of the Board.)
7. Include required fee of \$250.00

### SECTION 1 – BUSINESS NAME; LICENSE NUMBER

**Business Name:** Use the legal business name as it appears on your license. If there has been a change in your legal business name, a separate change of name application is required.

**License Number:** This form can be used for more than one license only if the licenses are held by the same business entity.

**Legal Business Name:** \_\_\_\_\_  
(Use Name as Set Forth on the License)

**License Number (s):** \_\_\_\_\_ **9a UJ`5 XXfYgg.** \_\_\_\_\_

**Phone No.:** (\_\_\_\_) \_\_\_\_\_ **Facsimile No.:** (\_\_\_\_) \_\_\_\_\_

### FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ File No.: \_\_\_\_\_  
Withdrawn Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Application No.: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Transaction Closed: Date: \_\_\_\_\_ Entered by: \_\_\_\_\_



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## **SECTION 2 - BUSINESS ENTITY TYPE**

This form can be used to change the corporate officers of an existing corporate license, or the members with managing authority and/or managers of an existing limited liability company license. **This form cannot be used to change the license entity.**

This application is for a (check the appropriate business entity):

☐ Corporation – **Corporations may limit the reporting of personnel changes to: the President, Secretary, Treasurer and any officer who has managerial and/or signatory authority in Nevada or is authorized to legally bind the licensee.**

**You must attach a copy of the corporate minutes showing the election of any new officer or the change of an existing officers title.**

☐ Limited Liability Company – **You must attach a copy of the minutes for the election or appointment of any new members or manager.**

**Limited Liability Companies:** If any of your members are legal entities, or if your LLC has elected officers, please include an organizational chart identifying the individuals associated with the member entities.

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## **SECTION 3 - PERSONNEL**

**Personnel:** Supply the identifying information below for each person to be added or deleted from this license.

**Background Disclosure Statement:** Each person you are adding to this license must complete a background disclosure statement. The required form is on page 4.

Add      Delete      Change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____

**Note:** Attach a copy of your corporate minutes showing the election or appointment of each officer, manager, or member to be added to this license.



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#### **SECTION 4 - AFFIDAVIT AND AUTHORIZED SIGNATURE**

I am authorized to sign this Affidavit and Release Authorization on behalf of the licensee described and identified in this application.

To the best of the licensee's / applicant's knowledge, the information contained in the application and its supporting documents are free of fraud, misrepresentation, or omission of material fact. To the best of the licensee's / applicant's knowledge, the information contained in the application and its supporting documents are truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualification for licensure.

The licensee / applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets the same standard as set forth above.

The licensee / applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information classified as confidential pursuant to NRS 624.110.

The licensee / applicant understands that the Nevada State Contractors Board has the authority to conduct appropriate background investigations for the purpose of verifying all statements and facts represented in this application and supporting documentation.

**Signature Requirements:** A principal of the applying company must sign this application.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature of Corporate Officer or Managing Member)

\_\_\_\_\_  
(Print Name) Date: \_\_\_\_\_



# **IMPORTANT NOTICE REGARDING THE BACKGROUND DISCLOSURE STATEMENT**

## **YOUR APPLICATION MAY BE DENIED IF YOU FAIL TO MAKE FULL AND ACCURATE DISCLOSURES.**

As part of the Nevada State Contractors Board (NSCB) application process, fingerprints are required and credit reports and criminal history records are obtained.

If you as an individual or principal of a corporation or other business entity have **EVER** been convicted of, pled guilty or no contest to the following, you are required to report the information to the NSCB:

1. Any non-violent misdemeanor, including DUI, within the past fifteen (15) years;
2. Any misdemeanor crime involving violence against another person, fraud or theft;
3. Any felony conviction.

You must also provide certified copies of the arrest report and court records for each conviction. **You may also be required to provide copies of the appropriate records reflecting the dismissal or reduction of a felony arrest.**

Your records or fingerprints will be compared to the records of the Nevada Criminal History Repository and the Federal Bureau of Investigation. **If you have EVER been arrested or convicted of a crime in any state, your prior criminal history arrest and conviction information will be reported to the NSCB.** **Please note: Even if you had your record expunged, charges reduced, dismissed, or sealed,** the conviction **may** still be reported to the NSCB and you may be asked to provide additional information to the Board.

**Failure to disclose a conviction is misrepresentation which violates NRS 624.3016(7) and NRS 624.3013(2) and is grounds for denial.** This means you could be denied a license even if the conviction is not related to the duties or qualifications of a contractor.

Just because you have been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the NSCB considers such additional factors as the seriousness of the crime, the time that has passed since the conviction and any evidence of rehabilitation the applicant submits. **However, if you misrepresent, omit or lie on your application, your application may be denied.** If you have any questions concerning the disclosure of arrests or convictions, please call the Investigations Department of the NSCB, at 702-486-1144 in Henderson or 775-688-7884 in Reno.

## **DISCLOSE ALL LIENS, LAW SUITS, JUDGMENTS AND CLAIMS, INCLUDING TAX CLAIMS**

- You MUST disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
- You should obtain a copy of your credit report before you complete your application. That will help you to disclose all unpaid, unresolved liens or claims, all lawsuits, and all judgments. Pay particular attention to any tax claims or liens that have been made or filed against you.
- If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application.





**NEVADA STATE CONTRACTORS BOARD APPLICANT BACKGROUND DISCLOSURE  
STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

**BUSINESS NAME:** \_\_\_\_\_

**NRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background investigations, obtain credit reports, and to request fingerprints for submission to the Nevada Highway Patrol (NHP) and the FBI for a determination of identity, fugitive status or prior criminal history.**

**Misrepresentation is a violation of NRS 624.3013(2) and NRS 624.3016(7) and is cause for denial of your application.**  
**A COPY OF A VALID STATE DRIVER'S LICENSE OR VALID GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM.**

**A separate form must be completed by each principal, member, officer, director, partner, or associate.**

FIRST NAME	MIDDLE NAME	LAST NAME				
TITLE	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER		
OTHER NAME USED, (IF APPLICABLE)	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
RESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT)			CITY		STATE	ZIP
EMAIL ADDRESS						

1. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to a felony crime?  
☐ No ☐ Yes – You must complete a criminal disclosure statement for each incident.
2. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to any misdemeanor crime? (You may limit your response to misdemeanor convictions within the last 15 years, unless the crime involved violence against another person, fraud or theft).  
☐ No ☐ Yes – You must complete a criminal disclosure statement for each incident.
3. Are there currently criminal charges pending against you?  
☐ No ☐ Yes – Attach a detailed explanation, including a copy of the complaint, and/or charging document.
4. Within the last 7 years, have you filed or been adjudicated Bankrupt under your individual name, a corporate name or any other business entity name?  
☐ No ☐ Yes – Attach a copy of the discharge document. If discharged less than 3 years, attach a complete copy of the proceedings, including a schedule of creditors listed in the bankruptcy petition. If the bankruptcy has not been discharged, include your plan of reorganization and proof of compliance.
5. Do you anticipate filing bankruptcy within the next 6 months?  
☐ No ☐ Yes
6. Have you, or any business entities of which you were a member, partner, officer, director, or associate received any notice of liens, suits, judgments, or claims (including tax claims) which remain unresolved & unsatisfied? OR, have you entered into payment agreements regarding past due taxes or other debts?  
☐ No ☐ Yes – Attach a detailed explanation.
7. Are there now any unpaid past due bills for materials, services rendered, or labor?  
☐ No ☐ Yes – Attach a detailed explanation.
8. Have you, or any business entities of which you were a member, partner, officer, director, associate, or qualified employee had a contractor's license denied, suspended, revoked, or otherwise disciplined BY NEVADA OR ANY OTHER STATE? Are there any disciplinary proceedings currently pending against you, or any license on which you have appeared IN NEVADA OR ANY OTHER STATE?  
☐ No ☐ Yes – attach a detailed explanation including the name of the state in which the license was held, license number, and business name.
9. Do you have a proprietary interest (i.e., ownership, stock, shares) in this applicant? (This question does not pertain to sole proprietors)  
☐ No ☐ Yes – Percentage Owned \_\_\_\_\_
10. Are you a citizen of the United States of America?  
☐ No ☐ Yes – **If no, attach a copy of INS card and Social Security Card.**

**Background Disclosure Statement & Authorization for Release of Information Page 1 of 2**



In Consideration for processing my application for a Nevada State Contractor's License, I, the undersigned whose name and personal information voluntarily appear above, do hereby and irrevocably agree to the following:

1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD (hereinafter "BOARD")** to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
2. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD'S** organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated.  
**(Please initial)** \_\_\_\_\_
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **BOARD**.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Nevada State Contractors Board, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the **BOARD** for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada and the **BOARD** on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

**PURSUANT TO NRS 199.120, I CERTIFY THAT I HAVE CAREFULLY REVIEWED THE INFORMATION CONTAINED IN THIS DOCUMENT AND I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY.**

Applicant's Name: \_\_\_\_\_  
(LAST, FIRST MIDDLE) (SIGNATURE)

Address: \_\_\_\_\_

Date: \_\_\_\_\_

*To be Completed By Board Staff Only:*

Submitted by: NEVADA STATE CONTRACTORS BOARD  
2310 CORPORATE DRIVE, SUITE 200  
HENDERSON, NEVADA 89074  
Date Submitted: \_\_\_\_\_

Agency's Representative: \_\_\_\_\_  
(PRINT) (SIGNATURE)

**Background Disclosure Statement & Authorization for Release of Information Page 2 of 2**



## **FINGERPRINTING APPLICANTS/LICENSEES**

Pursuant to the provisions of the Nevada Revised Statute (NRS) 624.265 and the Nevada Administrative Code (NAC) 624.681, all applicants are required to submit their fingerprints for the purpose of conducting a criminal background check.

Applicants may submit their fingerprints electronically via Live Scan technology, through an authorized vendor in Nevada or through the submission of hard copy fingerprint cards, completed by a law enforcement agency.

Your application package includes a Fingerprint Verification for the Live Scan technology and a Background authorization form which must be completed and submitted with your application. You may request hard copy fingerprint submission cards from the Board if you elect to submit manual fingerprints.

Live Scan fingerprints will take approximately 1 month for the Board to receive a report and hard copy fingerprints generally can take several months before a report is returned.

1. To have your fingerprints taken by an authorized vendor or a law enforcement agency, **you must produce proof of identity with photo identity documentation.**
2. A list of authorized vendors in the State of Nevada is available at:  
[http://nvrepository.state.nv.us/Fingerprint/forms/fingerprint\\_sites.pdf](http://nvrepository.state.nv.us/Fingerprint/forms/fingerprint_sites.pdf)
3. **Electronic Submittal** – The Live Scan vendor will collect the required fees. The vendor will stamp and date the verification form. You must bring the completed verification form and background authorization form to the NSCB. Electronic submittal is provided by Nevada vendors only.
4. **Hard copy cards** – The law enforcement agency will take your fingerprints on two (2) fingerprint cards. You will need to submit the fingerprint cards with the completed authorization form to the NSCB. You must provide a cashier's check or money order in the amount of \$37.50 made payable to the **Nevada Dept. of Public Safety. Personal Checks, Company Checks or Cash will not be accepted.**
5. For questions regarding this procedure, contact the Criminal Investigations Supervisor. For Reno, call 775-688-1150 ext. 7884. For Henderson, call 702-486-1144.





## NEVADA STATE CONTRACTORS BOARD

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9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
Website: [www.nscb.nv.gov](http://www.nscb.nv.gov)

### Verification of Fingerprints Submitted

The fingerprints of the named applicant have been taken and forwarded electronically to the Nevada Central Repository:  
All applicants are responsible for all fees related to background investigations.

All applicants are responsible for all fees related to livescan submittals.

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address (street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone-(     ) \_\_\_\_\_

Cell-(     ) \_\_\_\_\_ E-mail \_\_\_\_\_

**By this signature, I authorize my fingerprints to be submitted to the Nevada Criminal History Repository and the Federal Bureau of Investigation for a criminal background report.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For office Use Only

Date Print Submitted: \_\_\_\_\_

Processed by: \_\_\_\_\_

